FORM D

UNITED STATES U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response:...16.00

SEC USE ONLY

check if this is an amendment and name has changed, and indicate change.) Whisper Holders Limited Partnership illing Under (Check box(es) that apply): Rule 504 **X** Rule 506 Rule 505 Section 4(6) □ ULOE Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer (check if this is an amendment and name has changed, and indicate change.) Banner Whisper Holders Limited Partnership Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) c/o Banner Property Management, Inc., 500 Skokie Blvd. #600, (847) 501-5450 Northbrook, IL 60062 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Providing liquidity to limited partners affiliated with the general partner. Type of Business Organization other (please specify): limited liability limited partnership, already formed corporation D business trust limited partnership, to be formed company Month Year Actual or Estimated Date of Incorporation or Organization: 0 | 7 0 | 5 ■ Estimated ☐ Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

L

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA | | | | | | | | | | | | |
|---|-------------------------------|---------------------|---------------|---------------------------------|--|--|--|--|--|--|--|--|
| 2. Enter the information requested for the following: | | | | | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | | | | | |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | | | | | | | | | | | |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | | | | |
| Each general and managing partner of partnership issuers. | | | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General Partner | | | | | | | | |
| Full Name (Last name first, if individual) WHHGP, LLC | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062 | | | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | Director | Sole Member of GP | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Business or Residence Address | OI also also control | - C | | | | | | | | | | |
| c/o Banner Property Management, Inc | (Number and Street, City | • | | | | | | | | | | |
| | | | ☐ Director ☒ | Maril Colla Maril Con | | | | | | | | |
| Check Box(es) that Apply: Promoter | Beneficial Owner | Executive Officer | □ Director 🔼 | Member of Sole Member of GP | | | | | | | | |
| Full Name (Last name first, if individual) Milton Pinsky 2004 Trust | | | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City | y, State, Zip Code) | | | | | | | | | | |
| c/o Banner Property Management, Inc | ., 500 Skokie Blvd., N | orthbrook, IL 60062 | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ■ Beneficial Owner | Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) Milton Pinsky | | | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City | , State, Zip Code) | | | | | | | | | | |
| c/o Banner Property Management, Inc. | | | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer | Director | Member of Sole Member of GP | | | | | | | | |
| Fuil Name (Last name first, if individual) | | | | | | | | | | | | |
| Martin Pinsky 2004 Trust | | | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City | , State, Zip Code) | | | | | | | | | | |
| c/o Banner Property Management, Inc. | ., 500 Skokie Blvd., N | orthbrook, IL 60062 | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ☑ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Martin Pinsky | | | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City | , State, Zip Code) | > - | | | | | | | | | |
| c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062 | | | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | Executive Officer | Director | Member of Sole Member of GP | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| David and Gail Pinsky Gottlieb 2004 Trust | | | | | | | | | | | | |
| Business or Residence Address | (Number and Street, City | - · | | | | | | | | | | |
| c/o Banner Property Management, Inc. | <u>., 500 Skokie Blvd., N</u> | orthbrook, IL 60062 | | | | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | | В. | INFORMA | ATION ABO | OUT OFFER | RING | | | | |
|---|--|---------------|------------------|-----------------|----------------|----------------|----------------|---------------|--------|-------------------|--------|----------|-------------|
| | | | | | | | | | | | Yes | No | |
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | | | | \boxtimes |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | | \$ 45,00 | 0 |
| | | | | | | | | | | | | | No . |
| 3. | Does | s the offerin | ig permit joir | nt ownership | of a single u | ınit? | | ******* | | | ••••• | | |
| | | | | | | | | | | | | | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | | |
| Bus | iness | or Residenc | e Address | | (Number | r and Street, | City, State, 2 | Zip Code) | | | . "3 | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| State | es in V | Vhich Person | 1 Listed Has S | Solicited or In | tends to Soli | cit Purchasers | 3 | | | | | | |
| | (Che | ck "All State | es" or check i | ndividual Stat | tes) | | | | | ***************** | | ☐ All | States |
| [| AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [Ml] | [MN] | [MS] | [MO] |
| | MT] | | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | _[WV] | [WI] | [WY] | [PR] |
| Full | Name | e (Last nam | e first, if ind | ividuai) | | | | | | | | | |
| Bus | iness (| or Residenc | e Address | | (Number | and Street, | City, State, Z | Zip Code) | | | | | |
| Nam | ne of A | ssociated B | roker or Deal | er | | <u></u> | | | | | | | |
| State | es in V | Vhich Person | Listed Has S | Solicited or In | tends to Solid | cit Purchasers | | | · | | | | |
| | (Che | ck "All State | es" or check in | ndividual Stat | tes) | | | | | | | All All | States |
| I | AL] | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [| IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [<u>VA</u>] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full | Name | (Last nam | e first, if indi | ividual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | |
| State | es in V | Vhich Person | Listed Has S | Solicited or In | tends to Solid | cit Purchasers | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | | | ☐ All | States | | |
| [| AL] | | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| (_ | RI] | [SC] | [SD] | [TN_] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US | E OF PROCE | EDS | |
|----|---|---|-------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| | Type of Security | Aggrega Offering P | | Amount Already Sold |
| | Debt | \$4,230,000 |) | \$ <u>1,157,500</u> |
| | Equity | \$ | _ | \$ |
| | Common Preferred | | | |
| | Convertible Securities (including warrants) | \$ | _ | \$ |
| | Partnership Interests | \$ | | \$ |
| | Other (Specify) | \$ | _ | \$ |
| | Total | \$4,230,000 |) | \$1,157,500 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | |
| | | Number Investor | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors. | 14 | | \$1,157,500 |
| | Non-accredited Investors. | 0 | | \$0 |
| | Total (for filings under Rule 504 only) | | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of the securities in this offering. Classify securities by type listed in Part C - Question 1. | Tuna af | | Dollar Amount |
| | Type of offering | Type of Security | | Sold |
| | Rule 505 | | | |
| | Regulation A | | | |
| | Rule 504 | | | |
| | Total | | | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | |
| | Transfer Agent's Fees | | | \$ Ø |
| | Printing and Engraving Costs | *************************************** | | \$ Ø |
| | Legal Fees | ••••• | X | \$65,000 |
| | Accounting Fees | | X | \$5,000 |
| | Engineering Fees | | | \$ 0 |
| | Sales Commissions (specify finders' fees separately) | , | | \$ 0 |
| | Other Expenses (identify) blue sky filing fees | | \boxtimes | \$1,250 |
| | Total | | X | \$71,250 |

| | C. OFFERING PRIC | CE, NUMBER OF INVESTORS, EXPENSE | S ANI | USE OF PROCEE | DS | | | |
|--|---|---|------------|---|-------------|-----------------------|--|--|
| b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | | | | | | | |
| 5. | Indicate below the amount of the adjusted gr for each of the purposes shown. If the amou and check the box to the left of the estima adjusted gross proceeds to the issuer set forth | e | | | | | | |
| | | | | Payments to Officer Directors, & Affiliates | rs, | Payments to Others | | |
| | Salaries and fees | | | \$ | | \$ | | |
| | Purchase of real estate | | | \$ | | \$ | | |
| | Purchase, rental or leasing and installation of | machinery and equipment | | \$ | | \$ | | |
| | Construction or leasing of plant buildings and | facilities | | \$ | | \$ | | |
| • | Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger) | | | \$ | | \$ | | |
| | | | | \$ \$ | | \$ | | |
| | • • | | | \$ | | \$ | | |
| | Other (specify): Distribution to limited partne | | × | \$4,158,750 | | \$ | | |
| | | | | | _ | | | |
| | | | | \$ | | \$ | | |
| | Column Totals | | × | \$4,158,750 | | \$ | | |
| | Total Payments Listed (column totals added) . | | | ⊠ §. | 4,158,750 | | | |
| | , | | | | 1,100,100 | | | |
| | | D. FEDERAL SIGNATURE | | | | | | |
| The | issuer has duly caused this notice to be | | d ners | son If this notice | is filed ur | oder Rule 505, the | | |
| oll | owing signature constitutes an undertaking uest of its staff, the information furnished | ng by the issuer to furnish to the U.S. S | Securi | ties and Exchange | Commiss | ion, upon written | | |
| ssı | uer (Print or Type) | Signature | • | Date | | | | |
| | nner Whisper Holders Limited rtnership | Marty Pinky | | December 28, 2 | 2005 | | | |
| Vai | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | |
| νIa | rtin Pinsky | enera | al Partner | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | n. | | | | | | |
| | | | | | | | | |
| | | ATTENTION | | | | | | |
| - | Intentional misstatements or o | missions of fact constitute federal crir | ninal | violations. (See 1 | 8 U.S.C. | 1001.) | | |

| | E. STATE SIGNATURE | | | | | | | | | |
|--|--|-----------------------------|------------|------------|--|--|--|--|--|--|
| 1. Is the party described in 17 CFR 230.252 (c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule | | | | | | | | | | |
| . See Appendix, Column 5, for state response. | | | | | | | | | | |
| 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | | | | | |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | | | |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | | | | |
| The issuer has read this notification and knoundersigned duly authorized person. | ows the contents to be true and has duly cause | ed this notice to be signed | on its beh | alf by the | | | | | | |
| Issuer (Print or Type) | Signature | Date | | | | | | | | |
| Banner Whisper Holders Limited Partnership | Banner Whisper Holders Limited December 28, 2005 | | | | | | | | | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | | | | | |
| Martin Pinsky Vice President of Sole Member of General Partner | | | | | | | | | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | and the Collection of | Type of investor and amount purchased in State (Part C-Item 2) | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
|-------|---|--|--|--|---|--|--|--|---|
| State | - Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | and the control of th | e com time (per colo), and per fillion is, and i leading cleaned debrewer about | | | | |
| AK | | | | | | | | | |
| AZ | | X | \$4,230,000 Secured Promissory Notes | 2 | \$180,000 | 0 | 0 | | X |
| AR | | | | | | | No. of the last of | | |
| CA | | X | \$4,230,000 Secured Promissory Notes Interests | 1 | \$90,000 | 0 | 0 | Tariffe man consistent of the control of the contro | X |
| СО | | X | \$4,230,000 Secured Promissory Notes | 0 | 0 | 0 | 0 | | X |
| СТ | | | | | | | | | |
| DE | | | | | | | | | |
| DC | | | | | | | - Ethadaman de daman haringan da ang | | |
| FL | | X | \$4,230,000 Secured Promissory Notes | 3 | \$292,500 | | 0 | averal facility (Armanage) as in facility and the facility of | x |
| GA | | | | | | | | | |
| HI | pour paraleum, récons, doublishient de la compréde trais sons au c | | | | | | | | |
| ID | مطفعت وجوزيون بيطانيد بإنتانية | The state of the s | | | | | andronal statement in a subdividual in a processory at an accomplishment was subject. | | problem school programme in mot difference contains a since the |
| IL | garistin and kinin and kannalasia sala sala sala sala sala sala sal | X | \$4,230,000 Secured Promissory Notes | 8 | \$595,000 | O ************************************ | 0 | | X |
| IN | | X | \$4,230,000 Secured Promissory Notes | 0 | 0 | 0 | 0 | | X |
| IA | | | | | rina da ayan da kalifakkin kinayan da kinakan kaca a ni a | | tion and the ship was placed to prove the state of | | |
| KS | | | | | elisel elizzag uzz. _M alan maden <mark>dal</mark> ina ka _l ing inginipojojo, acadan | | and a state of the | | |
| KY | | itias Form D | | | 7 of 10 | | | | EC 1072 (6/0 |

| 1 | 2 3 | | | akid 5- Administrativa (amba Padabid I an I i I iaki ka Angan Kasaban (amba Andabid | 4 5 Disqualificatio | | | | |
|-------|--|--|---|---|--|--|--|--|--|
| | to non-a | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| LA | 105 | 1110 | | investors | Amount | Mivestors | Amount | 1 65 | INU |
| ME | | | | | Sand Paris lands on Paro discussional Line (1997) in Sand | | | | |
| MD | | | | | | | | | |
| MA | | | | | والمراحة المتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية والمتالية وا | والقافر والمشرقة والمنافرة والمسافرة المنافرة والمنافرة | فالمحدد وما ومرافق المواقع والمستحدث والمتعادد المعاوم والمادة | | |
| MI | | 1 | | | ing panggang dan pengganggang dan pengganggang | والمساورة والمسا | والمستناف المستناف المشتر فللمنافق المستناف المس | | |
| MN | | X | \$4,230,000 Secured Promissory Notes | 0 | 0 | 0 | 0 | | X |
| MS | | | | | | | | | |
| MO | | | | | | | | | |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | X | \$4,230,000 Secured Promissory Notes | 0 | 0 | 0 | 0 | | X |
| NH | | | | | المنافق والاراتيان والمستعلق والمتعاولات والترفعون ورزوية | | | and the second s | المستعدمة فيفلع فللمستعدمة فيستعلق فيستعين مع فالمنطقة فالمنطقة المنطقة المنطق |
| NJ | | | | | and the second s | | والمنافذة | وستنتها المتناه فتنتب مسيح سنجت نعد فيت | |
| NM | | تتعلقه فالتناف والمستاب والمنتدات المنتدامة والمنتدو | | | | | | | |
| NY | | | alande deret konnet innen i kallandi kanta pani - on inn hartimatet kilika innen kallandi. And innet kallandi | | | | | | |
| NC | and the state and the state are not below as any li- | | | | <u> </u> | | Citis menen distributivamen albatini di associativame milleri | | i kangkana i min dinginka kakendi ndi Marana i makani. |
| ND | | | | | passay radio ara kirkuri di Medikali di makali kirku | i 1820a indeplicato, un del militalo l'assegnate mallo de describiratore cali dell'il del deplesare | | | |
| ОН | | X | \$4,230,000 Secured Promissory Notes | | 0 | 0 | 0 | | X |
| OK | | | | | 14 | | | | |
| OR | | | | | | | | والمعادلة المعادلة والمعادلة والمعادلة والمعادلة والمعادلة والمعادلة والمعادلة والمعادلة والمعادلة والمعادلة و | |
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| 1 | Intend to non-a | to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of security and aggregate offering price Type of investor and offered in state amount purchased in State | | Type of investor and amount purchased in State | | | 5 lification ate ULOE s, attach ation of granted) -Item 1) |
|-------|--------------------|---------------------------------------|--|--|---|--|---|-----|--|
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| TX | | X | \$4,230,000 Secured Promissory Notes | 0 | 0 | 0 | 0 | | X |
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| Check Box(es) that Apply: | Promoter | ☒ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | | |
|--|--|--------------------------|---------------------|------------|---------------------------------|--|--|--|--|--|--|--|
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Banner Equitites Limited Partnership | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062 | | | | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | ☐ Director | ☐ Member of Sole Member of GP | | | | | | | |
| Full Name (Last name first, if | f individual) | | | | | | | | | | | |
| M.R. Pinsky Family Tru | ust | | | | | | | | | | | |
| Business or Residence Addres | Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | |
| c/o Banner Property Ma | anagement, Inc | ., 500 Skokie Blvd., N | orthbrook, IL 60062 | ; | | | | | | | | |
| Check Box(es) that Apply: | Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner | | | | | | | |
| Full Name (Last name first, if | findividual) | | | | | | | | | | | |
| Martin Pinsky Family T | Trust | | | | | | | | | | | |
| Business or Residence Address | SS | (Number and Street, City | y, State, Zip Code) | | | | | | | | | |
| c/o Banner Property Ma | anagement, Inc | ., 500 Skokie Blvd., N | orthbrook, IL 60062 | · | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ Member of Sole Member of GP | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Pinsky Family Trust | | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | | | | |
| c/o Banner Property Management, Inc., 500 Skokie Blvd., Northbrook, IL 60062 | | | | | | | | | | | | |